

## Financial Institution Information Sheet

**Financial Institution Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**County** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

Please provide contact names for those individuals authorized by your institution to renew the following time deposits and execute collateral transactions. (These individuals must be listed on Exhibit A Certificate of Incumbency of the Deposit Agreement between your financial institution and the State Treasurer.) If the fax number and telephone numbers are different than those listed above, please note the correct numbers next to the appropriate contact name.

### Regular or Access to Capital Time Deposits (including Protest, G.O. Debt, Escrow and Toll Highway):

_____ Name	_____ Phone	_____ Fax
_____ Name	_____ Phone	_____ Fax

### Annual Agricultural Production Time Deposits:

_____ Name	_____ Phone	_____ Fax
_____ Name	_____ Phone	_____ Fax

### Long Term Agricultural Production Time Deposits:

_____ Name	_____ Phone	_____ Fax
_____ Name	_____ Phone	_____ Fax

### Execution of Collateral Transactions:

_____ Name	_____ Phone	_____ Fax
_____ Name	_____ Phone	_____ Fax

*Please fax this completed form to (217) 522-1217 or mail it to: Office of The Illinois State Treasurer Alexi Giannoulas, Attn: Banking Division, Time Deposit Section, 300 West Jefferson, Level 1, Springfield, Illinois 62702.*